



THOMASVILLE HOUSING ASSISTANCE PROGRAM

Homeownership Appointment Packet

Congratulations! You are taking the first step toward becoming a First Time Home Owner! We're excited about your decision and are here to help guide you through it.

Please bring the following information with you to your appointment:

1. Verification of expenses, including monthly bills and bank statements
2. Verification of income, including pay stubs and most recent tax return
3. The attached application completed that includes your General Information Worksheet, Income & Expense Worksheet
4. Make sure all documents are signed and dated

Your appointment should last approximately one hour. Keeping your scheduled appointment is important because we have set this time aside especially for you. If any reason you cannot keep the appointment, please notify us so that someone else may use this time slot.

We appreciate the opportunity to be of service to you.

Date: _____ Time: _____

Location: City of Thomasville Office
10 Salem Street ♦ Thomasville, NC 27360
cdc@thomasville-nc.gov (336) 475-4221

General Information Worksheet

Name	Social Security #	Date of Birth
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Co-Borrower/Spouse Name	Social Security #	Date of Birth
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Address	City	State	Zip Code
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Phone (Cell)	Phone (Home)	Phone (Work)
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Co- Borrower/Spouse Phone (Cell)	Phone (Work)
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Marital Status: __Married __Separated __Divorced __Widowed __Single

Number of Dependents: _____ Ages: _____

Residential Information: *(if you are not a homeowner – complete next section)*

Name of Mortgage Company	Loan Number
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Address	City	State	Zip Code
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Phone Number	Loan Amount	Mortgage Payment
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Unpaid Principle Balance	Length of Loan	Interest Rate
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Payment Current: __Yes __No if no, how many months behind? _____

Rental Information:*(if you are a homeowner – complete previous section)*

Name of Current Landlord _____ Phone Number _____

Landlord's Address _____ City _____ State _____ Zip Code _____

Monthly Rent payment _____ Time lived at above address _____

When does lease end? _____ Do you plan to renew? Yes or No _____

Payment Current: ___Yes ___No if no, how many months behind? _____

If less than 2 years at current address what is your previous address?

Previous Address _____ City _____ State _____ Zip Code _____

Monthly Rent payment _____ Time lived at above address _____

Name of Previous Landlord _____ Phone Number _____

Are you currently residing in public housing? _____Yes _____No

Do you have a Section 8 Voucher? ___Yes ___No Amount Subsidized _____

Are you currently participating in any self-sufficiency program such as Family Self-Sufficiency? ___Yes ___No

If yes, name of program and agency: _____

Date Entered Program _____ FSS Action Plan on File? ___Yes ___No

EMPLOYMENT AND INCOME

Applicant's Income: Hourly rate: \$ _____ Week \$ _____ Semi-Monthly \$ _____
Bi-weekly \$ _____ Monthly \$ _____ Annual \$ _____

Employer: _____

Employer Address: (Personnel Department) _____

Hours per week _____ Length of time at Current Employment _____

If less than two years, previous employment:

Previous Employment	Dates of Employment
Address of Previous Employer	City/State Zip-code

Co-Owner/Spouse Income:

Applicant's Income: Hourly rate: \$ _____ Week \$ _____ Semi-Monthly \$ _____
Bi-weekly \$ _____ Monthly \$ _____ Annual \$ _____

Employer: _____

Employer Address: (Personnel Department) _____

Hours per week _____ Length of time at Current Employment _____

If less than two years, previous employment:

Previous Employment	Dates of Employment
Address of Previous Employer	City/State Zip-code

Other Income Sources:

Other Employment (Part-Time, etc.) \$ _____

Child Support Received Monthly \$ _____

Social Security/Disability/Pension: Amount: \$ _____ Source: _____

Other: \$ _____ Source: _____

TOTAL INCOME FROM ALL SOURCES:

Per Month \$ _____
Annual \$ _____



ASSETS AND LIABILITIES

How many vehicles do you own? _____ Vehicle 1 Value _____ Loan Balance _____

Vehicle 2 Value _____ Loan Balance _____

First Time Homebuyer Yes No

Do you own a home? Yes No Home Value _____ Mortgage Balance _____

Do you own any other homes? Yes No Value _____ Mortgage Balance _____

Do you own a business? Yes No Business Value _____ Business Loan Amount _____

Do you own rental property or land? Yes No Property Value _____ Loan Amount _____

Do you own any stocks, bonds, 401K, IRA, or any other investments? Yes No

Stock Value _____

Do you have a checking account? Yes No Amount in checking _____

Do you have a savings account? Yes No Amount in savings _____

Do you have past due household bills? Yes No Amount past due _____

Do you have credit card bills? Yes No Credit Card Balance _____

Do you have student loans? Yes No Balance _____

Do you have medical bills? Yes No Balance _____

Do you have any outstanding personal loans? Yes No Balance _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types loan applications related to a dwelling, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so.

BORROWER

____ I do not wish to furnish this information

____ American Indian

____ Black, Non-Hispanic

____ White, Non-Hispanic

____ Hispanic

____ Asian

____ Other

CO-BORROWER

____ I do not wish to furnish this information

____ American Indian

____ Black, Non-Hispanic

____ White, Non-Hispanic

____ Hispanic

____ Asian

____ Other

CERTIFICATION

I certify that all the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. I understand that the completion of this form does not guarantee loan approval, eligibility for housing or housing assistance programs.

Personal Information Release Authorization

I/we hereby authorize the release of any personal and financial information requested by Lexington Housing Community Development Corporation including:

**Rental Verification
Employment and Income records
Checking/savings account deposits and balances**

Applicant's Signature

Date

Co-Applicant's Signature

Date

PLEASE RETURN APPLICATION TO:

**Thomasville Housing
Assistance Program
City of Thomasville Office
10 Salem Street
Thomasville, NC 27360**



CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct _____ (hereinafter "_____") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by _____. I understand and agree that _____ intends to use the credit report for the purpose of evaluating my financial readiness to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to _____ in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

_____ authorize
_____ do not authorize

_____ to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying _____ in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Date

Date

Income and Expense Worksheet

Client: _____ Co-Client: _____ Date: _____
 Instruction: List what is spent monthly for each item below. The second column is for any adjustments that may be necessary to average your expenses.

Client Income:		
Income	Initial Amount	Adjusted Amount
Wages/Salary		
Overtime		
Bonus		
Pension		
Social Security		
Unemployment		
Welfare/Government Support		
Child Support/Alimony		

Co-Client Income:		
Income	Initial Amount	Adjusted Amount
Wages/Salary		
Overtime		
Bonus		
Pension		
Social Security		
Unemployment		
Welfare/Government Support		
Child Support/Alimony		

Budget Assets		
Item	Value	Balance
Real Estate Property		
Rental Property		
Automobile		
Recreation Vehicle		
Boat/ATV		
Motorcycle		
Stocks		
Bonds		
Savings Account		

Budget Expenses			
Housing:	Item	Initial Amount	Adjusted Amount
	Rent		
	First Mortgage		
	Second Mortgage		
	Association Dues		
	Property Tax		
	Lot Rent		

Budget Expenses (continued)		
Item	Initial Amount	Adjusted Amount
Automobile		
Gasoline		
Maintenance		
Registration/Taxes		
Food:		
Item	Initial Amount	Adjusted Amount
Groceries		
Dining Out		
Food At Work		
School Lunches		
Utilities		
Item	Initial Amount	Adjusted Amount
Electric/Gas/Oil		
Water/Sewer		
Telephone		
Garbage/Recycling		
Pager/Cellular Phone		
Internet Service		
Cable TV		
Clothing		
Item	Initial Amount	Adjusted Amount
Insurance		
Item	Initial Amount	Adjusted Amount
Automobile		
Medical		
Life		
Home/Renter		
Healthcare		
Item	Initial Amount	Adjusted Amount
Prescriptions		
Doctor Visits		
Dentist Visits		
Optical		
Childcare		
Item	Initial Amount	Adjusted Amount
Daycare		
Babysitting		
Allowance		
Activities		
Diapers		
Child Support		

Income and Expense Worksheet

Client: _____
Co-Client: _____

Co-Client:

Date:

Client:

statements that may help balance your budget. Use recent monthly bills to average your expenses.

Installment Loans:

Item	Initial Amount	Adjusted Amount
Car Payments		
Student Loans		
Cosigned		
Bank Account Deductions		
Taxes		
Business Cards/Loans		
Other		
Charitable Donations		
Item	Initial Amount	Adjusted Amount
Tithe		
Other		
Education		
Item	Initial Amount	Adjusted Amount
Tuition		
Books		
Supplies		
Leisure		
Item	Initial Amount	Adjusted Amount
Books/Newspapers/Magazines		
Entertainment & Recreation		
Gifts/Holidays		
Travel		
Alcohol/Tobacco		
Job Related Expenses		
Item	Initial Amount	Adjusted Amount
Tools		
Clothes		
Other		
Budget Expenses		
Miscellaneous		
Item	Initial Amount	Adjusted Amount
Laundry/Dry Cleaning		
Home Maintenance		
Home Cleaning		
Parking/Bus Pass/ Train		
Personal Care		
Postage		
Bank Charges		
Pet Expense		
Other		

[illegible]

Lexington Housing CDC Disclosure Statement

The Lexington Housing CDC (LHCDC) provides the following housing counseling services:

Pre-Purchase Counseling: The purpose of Pre-Purchase Counseling is to address issues that may prevent or delay affordable mortgage financing, while offering specific steps to help the client achieve their goal of homeownership.

Pre-Purchase Homebuyer Education Workshops: Out certified housing counselors will help clients determine if homeownership meets their lifestyle, help them determine mortgage affordability, review their credit report, and develop an action plan to overcome obstacles and achieve their homeownership goals.

Pre-Purchase 8-Hour Online Homebuyer Homebuyer Education (eHome America): The purpose of this alternative is getting their homebuyer education certificate.

Mortgage Delinquency and Default Resolution Counseling: LHCDC offers one-on-one counseling designed to help participants resolve mortgage delinquency and/or prevent foreclosure. With the help of a counselor, possible solutions are discussed and a plan is developed to resolve the delinquency. Our services offer hope to homeowners who are delinquent in their mortgage obligations.

Resolving/Preventing Mortgage Delinquency Workshops: LHCDC conducts foreclosure preventive workshops. The workshops are for homeowners who are worried about making upcoming mortgage payments, and already behind on payments, or just want to learn more about foreclosure. Participants can ask questions and get free, confidential advice from foreclosure counselors.

Financial Management/Budget Counseling: LHCDC works with individuals or shares with a group, data and tools to increase self-sufficiency. Budgeting and credit counseling is an integral part of all housing counseling services. Developing a budget, looking at spending habits, reducing existing debt, and developing savings strategies are some of the areas covered in this program.

Financial, Budget, and Credit Repair Workshops: LHCDC help clients prepare for homeownership through our Financial Literacy courses. Through these classes, clients learn the basics of banking, credit, financial planning, money management and savings investment

Non-Delinquency Post Purchase Workshop for Homeowners: The LHCDC Post-Purchase Workshops will offer information for existing homeowners who are not delinquent but want information on topics which will aloe them to remain successful homeowners,

Urgent Repair Counseling (URP): LHCDC works with families/individuals provide housing counseling services to guide homeowners through the repair process. This includes a review of your household finances to make sure the repairs are financially feasible as well as guidance on how to select and oversee a contractor.

I/We understand that it is my/our right and responsibility to decide whether to engage in any course of housing counseling with the Lexington Housing CDC and determine whether counseling is suitable for my/our housing problem.

I/We understand that we are not obligated to receive, purchase or utilize any other services offered by Lexington Housing CDC, or its exclusive partners, in order to receive housing counseling.

I/We understand that the Lexington Housing CDC has the discretion to charge reasonable fees for some counseling services, and that these fees will be explained to me prior to counseling. I further understand that fees will not be charged if they create a financial hardship and that I will not be denied counseling if I cannot pay the fees.

I/We understand that the Lexington Housing CDC provides information on a broad range of housing programs and products and that the housing counseling I receive from the Lexington Housing CDC in no way obligates me to choose any particular loan product or housing program discussed in my counseling sessions.

I/We understand that the Lexington Housing CDC does not guarantee that I/We will receive mortgage financing from any lender and/or other mortgage financing entity.

I/We may be referred to other housing services of the organization or to another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand I am not obligated to use any of the services offered to me.

I/We understand that a counselor may answer questions and provide information but cannot give legal advice. If I want legal advice, I will be referred for appropriate assistance.

I have reviewed and understand the above Counseling services Disclosure Statement.

Client Signature

Date

Client Signature

Date

Counselor Signature

Date

Telephone Counseling: Disclosure Statement Read to Client? ____ Yes ____ No

Alternative Setting/Format-Client Follow-Up

Telephone Counseling:

The Lexington Housing CDC provides telephone counseling to clients needing the following services:

1. Foreclosure Prevention
2. Mortgage Delinquency and Default Resolution Counseling
3. Urgent Repair Program
4. Financial Literacy

Phone counseling should this alternative method be needed is offered by trained housing counselor with the same level of professionalism and privacy as if the client were to come into the office for a face-to-face counseling session.

Client Follow-Up

Lexington Housing CDC keep accurate records of all of our clients utilizing Home Counselor Online (HCO), our client management system. Documented in this system is an account of all written and verbal attempts that our counselors have made to contact the client for a follow-up.

For all counseling, the client file includes an action plan. Each client has an individual housing counseling action plan. The plan clearly identifies the client need or problem and outlines the steps that the counselor and client will do in order to meet the client's housing goal(s). A copy of the action plan is given to the client and maintained in the client file.